

PSJ3

Exhibit 198

From:

David Joranson <joranson@facstaff.wisc.edu>

To:

amgilson <amgilson@facstaff.wisc.edu>

Date:

Mon, 09 Sep 2002 08:43:43 -0500

>To: kaiko
>From: David Joranson <joranson@facstaff.wisc.edu>
>Subject: following up
>Bcc: gilson, ryan
>
>Thanks for your time today Bob,
>
>Here are the points I would make about the value of our work:
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>USA:
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>1-We have improved knowledge and attitudes of state med board members
>about pain and opioids through many
>workshops: <http://www.medsch.wisc.edu/painpolicy/publicat/01jpsm/index.htm>
> JDH was a great faculty member and got his exposure to the state
> issues and people he now uses
>2-We have improved state medical board policies:
><http://www.medsch.wisc.edu/painpolicy/publicat/02jpsm1/index.htm>
> Many states now have improved pain/opioid policies that address
> concerns about regulatory scrutiny; we developed much of it
> from behind the scenes, we wrote the two models that states have
> used, the medical board guidelines from CA and the model
> guidelines of the federation of state medical boards, at
> <http://www.medsch.wisc.edu/painpolicy/domestic/model.htm>
>3-We maintain a state pain policy data base on website at
><http://www.medsch.wisc.edu/painpolicy/matrix.htm> Free access to all, this
>is used frequently by many in the company to find out the current
>status of the policies in their state or states and given to
>physicians who typically know little about their own med boards policies
>4-Evaluation of state policies for impediments to the use of opioids for
>pain:
><http://www.medsch.wisc.edu/painpolicy/eguide2000/index.html> widely
>used by Purdue and partners; the state profiles have been used to revise
>and improve pain related policies in NY, MI, KS, FL, TX, other
>states. We are now updating the state policy data base, and are preparing
>a report card, funded by Robt Wood Johnson
> Foundation (probably last grant)
>5-We have played a central role in achieving consensus with DEA about the
>need for balanced responses to abuse and diversion of pain medications:
><http://www.medsch.wisc.edu/painpolicy/dea01.htm>
>6-We have studied possible barriers in a sample of pharmacists to better
>understand why some legitimate prescriptions don't get filled:
> <http://www.medsch.wisc.edu/painpolicy/publicat/01japhak/index.htm>
>7-We have studied the trends in medical use and abuse and diversion of
>opioid analgesics and placed the findings in the context
>of "balance": <http://www.medsch.wisc.edu/painpolicy/jama.htm> These
>data are now being updated through 2001 and will soon be submitted
>for publication
>8-We organized an 'engagement' between the pain and prescription
>monitoring people to improve communication and understanding between law
>enforcement and clinicians:
><http://www.medsch.wisc.edu/painpolicy/publicat/02jpsm2/index.htm>;
><http://www.medsch.wisc.edu/painpolicy/domestic/diversion.htm>

>year: <http://www.medsch.wisc.edu/painpolicy/publicat/01annrev/contents.htm>

>10-We communicate all our new products to an extensive email notification

>list, with a link to the product

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>International

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>1-We prepared WHO guidelines for evaluating national narcotics laws to
determine if they have the elements necessary to ensure

>adequate availability of opioid analgesics, endorsed by the INCB:

><http://www.medsch.wisc.edu/painpolicy/publicat/00whoabi/00whoabi.htm>;

>I have presented these to regulators in China and governments all

>over Asia, through annual talks to the JICWELS seminars sponsored

>by the Japanese govt

>2-We have begun to put the WHO guidelines into action with workshops in

>Latin America, Eastern Europe, Africa, bringing together under WHO

>auspices representatives of narcotics control, cancer, AIDS, pain and

>palliative care to develop action plans for modifying policy and

>improving patient access: not on website yet but I am attaching my slides

>for the workshop held in Gaborone, Botswana to give you a

>flavor. we have action plans for 17 countries that need to be implemented.

>3-We have demonstrated that it is possible in a developing country like

>India to ensure consistent availability of morphine to the patient

>(and without diversion), a goal that has been otherwise

>elusive...:<http://www.medsch.wisc.edu/painpolicy/publicat/01lancet/contents.htm>;

>a second report on the progress in India was just published in JPSM,

>August, 2002, I will send it to you.

>4-We assisted the Italian authorities to revise their national narcotics

>control policy working with a commission member, the article is

>in press in the European Journal of Cancer Care.

>5-We publish the quarterly newsletter for WHO, Cancer Pain Release, which

>is inserted in JPSM and in Medicina Palliativa and widely distributed

>in the world. this has been particularly hard to fund because everyone is

>used to getting it for nothing: <http://www.WHOcancerpain.wisc.edu/>

>6-For more information about our work around the world, please see our

>annual

>reports <http://www.medsch.wisc.edu/painpolicy/publicat/annrepts.htm> (we

>also communicate our new products to a large international email list)

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>In the future, we would like to

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>USA

> Provide regularly updated internet access to state pain policies

> (they are dynamic!)

> Publish report card in 2003, again in three years to measure change

> Monitor and report on changes in state policies

> Update our website access to key resource materials

> Provide technical assistance to those who want to change policy

> Consider a report on prior authorization policies

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>International

> Serve as a resource for experts, various initiatives around the world

> Develop opportunities to put WHO Guidelines for Achieving Balance

> into action

> Follow up and implement action plans for 17 countries and publish

> results

> Mexico initiative?

> In depth study of opioid trends and patterns in the world

> Fellowships for champions and regulators

> Monitor/participate in INCB and WHO activities

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>I will look forward to your reactions

> Case: 1:17-md-02804-DAP Doc #: 2347-42 Filed: 08/14/19 4 of 4. PageID #: 378503
>Best regards,
>
>David

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